Maryland
DEPARTMENT OF HEALTH

Vyepti (eptinezumab-jjmr)

Vyepti is a calcitonin gene-related peptide antagonist indicated for the preventive treatment of migraine in adults.

I. Criteria for Initial Approval

Vyepti will be considered for coverage when **ALL** of the criteria below are met, confirmed with supporting medical documentation.

- Patient is 18 years of age or older and is using Vyepti for migraine prophylaxis.
- Patient has a documented diagnosis of one of the following conditions:
    - Episodic migraine - defined as at least 4 and fewer than 15 migraine days per month, and fewer than 15 headache days per month on average during the previous 3-month period; OR
    - Chronic migraine - defined as a headache occurring on 15 or more days per month for more than 3 months, which, on at least 8 days per month, has features of a migraine headache.
- Patient has a contraindication, experienced an inadequate response or an intolerance to AT LEAST one (1) agent from the two different migraine prophylaxis medication classes including:
        - Antidepressants: amitriptyline, venlafaxine, fluoxetine, and nortriptyline.
        - Beta blockers: metoprolol, propranolol, timolol (oral), nadolol, atenolol, nebivolol, pindolol.
        - Calcium channel blocker: verapamil.
        - Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (e.g. lisinopril, candesartan, etc.)
        - Antiepileptic agents: valproate sodium, divalproex sodium, topiramate, and gabapentin.
- Patient does not have a demonstrated serious hypersensitivity to eptinezumab-jjmr or to any of its excipients.
- Patient is not on concurrent treatment with other calcitonin gene-related peptide (CGRP) antagonists (e.g. erenumab, galcanezumab, fremanezumab, etc.)
- Patient is not on concurrent treatment with a botulinum toxin (e.g. abobotulinumtoxinA, incobotulinumtoxinA, rimabotulinumtoxinB, etc.)

- Patient will continue to utilize prophylactic intervention modalities (e.g., pharmacotherapy, behavioral therapy, physical therapy, etc.)

II. Criteria for Continuation of Therapy

All of the criteria for initial therapy (**in Section I.**) must be met **AND** the provider attests to a positive clinical response as demonstrated by:

- A reduction in the overall number of migraine days a patient experiences or the reduction in number of severe migraine days per month; AND
- Patient has obtained clinical benefits deemed significant by individual or prescriber.

III. Dosing/Administration

Vyepti must be administered according to the current FDA labeling guidelines for dosage and timing. The recommended dosing is as follows:

- Recommended dosage is 100 mg as an intravenous infusion over approximately 30 minutes every 3 months. Some patients may benefit from a dosage of 300 mg.

IV. Length of Authorization for Initial therapy

Vyepti will be authorized for 6 months when criteria for initial approval are met. Continuing therapy with Vyepti will be authorized for 12 months.

V. Billing Code/Information

J3032 - Injection, eptinezumab-jjmr, 1 mg; 1 billable unit = 1 mg.

Prior authorization of benefits is not the practice of medicine nor the substitute for the independent medical judgment of a treating medical provider. The materials provided are a component used to assist in making coverage decisions and administering benefits. Prior authorization does not constitute a contract or guarantee regarding member eligibility or payment. Prior authorization criteria are established based on a collaborative effort using input from the current medical literature and based on evidence available at the time.

Approved by MDH Clinical Criteria Committee: 1/27/2021
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